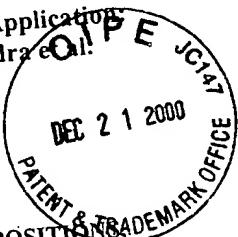


THE PATENT AND TRADEMARK OFFICE

THE PATENT AND TRADEMARK OFFICE IS RESPECTFULLY REQUESTED TO PLACE ITS STAMP ON THIS POSTAL CARD AND PLACE IT IN THE OUTGOING MAIL TO SHOW THE FOLLOWING PAPERS HAVE BEEN RECEIVED.

Mailed: December 18, 2000  
Attorney Docket No. 161192

In re Application  
Saavedra et al.



BMG/vns

Payment of Issue Fee

U.S. Patent Application No. 08/837,812

Filed April 22, 1997

"BIOPOLYMER-BOUND NITRIC OXIDE-RELEASING COMPOSITIONS;  
PHARMACEUTICAL COMPOSITIONS INCORPORATING SAME AND  
METHODS OF TREATING BIOLOGICAL DISORDERS USING SAME"

Enclosed: Form PTOL-85B with Certificate of Mailing (1 page in duplicate); Check in  
the amount of \$1,210.00.

LH

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Virginia Schefke

(Depositor's name)

Virginia Schefke

(Signature)

12/18/00

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/837,812	04/22/97	029	KULKOSKY, P	1615 09/20/00
Named Assignee SAAVEDRA,		35 USC 154(b) term ext.	= 0 Days.	

**TITLE OF INVENTION** BIOPOLYMER-BOUND NITRIC OXIDE-RELEASING COMPOSITIONS, PHARMACEUTICAL COMPOSITIONS INCORPORATING SAME AND METHODS OF TREATING BIOLOGICAL DISORDERS USING SAME

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 61192	424-078.080	S41	UTILITY	NO	\$1210.00	12/20/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE The United States of America,

Represented by the Secretary, Department of Health  
(B) RESIDENCE: (CITY & STATE OR COUNTRY) and Human Services  
Rockville, Maryland

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual     corporation or other private group entity     government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

12-18-00

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